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## Application or Docket Number

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	25 minus 20 =	* 5
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ <u>370</u>
x \$ <u>9</u> =	45
x _____ =	
+ <u>140</u>	140
TOTAL	555

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
<b>TOTAL</b>	

\* If the difference in column 1 is less then zero, enter "0" in column 2

## (Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				(37 CFR 1.16(d))

RATE	ADDITIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	
ADDITIONAL FEE	

		(Column 1)		(Column 2)		(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**		=
	Independent (37 CFR 1.16(b))	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						

TOTAL ADDIT. FEE		
RATE	ADDI- TIONAL FEE	
x S ____ =		
x _____ =		
+ _____ =		
TOTAL ADDIT. FEE		

TOTAL		
ADDIT. FEE		
RATE	ADDI- TIONAL FEE	
x \$ ____ =		
x ____ =		
+ ____ =		
TOTAL		
ADDIT. FEE		

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**
	Independent (37 CFR 1.16(b))	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				(37 CFR 1.16(d))

TOTAL	
ADDIT. FEE	
RATE	ADDI- TIONAL FEE
x \$ ____ =	
x _____ =	
+ _____ =	
TOTAL	
ADDIT FEE	

TOTAL		
ADDIT. FEE		
RATE	ADDITIONAL FEE	
x \$ ____ =		
x ____ =		
+ ____ =		
TOTAL		
ADDIT. FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.